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**School District Claim for State Reimbursement for School Bus Transportation** 

State	
District	
County	

<b>DUE</b>
DATES

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	February 1 February 1	to County Superin	tendent		May 24 t	o State Superinten	tendent adent
ETE THI	IS CLAIM FO	OR STATE REIM	BURSEMEN	T FOR SCH	HOOL BUS TRA	NSPORTATION:	
n is for the	period beginning	S	,	20 and e	nding	,2	20
		month	day		r	nonth da	y
ICATIO	N:						
mation on	this form is comp	lete and accurate to tl	ne best of my kn	owledge.			
		Signature, Chair, Boar	rd of Trustees				
		District:				District Lev	vel:
bud		0790 Forsyth	Elem			Elemen	tary
District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
4	1	97.7	1.15	53	08/16/05		
4	2	104.8	1.57	72	08/16/05		
4	3	63.2	1.57	72	08/16/05		
4	4	121.2	1.57	72	08/16/05		
4	5	59.8	1.80	84	08/16/05		
	ETE THO In is for the ICATIOI mation on  District # 4 4 4 4 4	February 1 February 12 February 15 FETE THIS CLAIM FO In is for the period beginning  ICATION:  mation on this form is composite to the period beginning  District # Route #  4 1 4 2 4 3 4 4 4 4	First Semester February 1 to County Superin February 15 to State Superin  ETE THIS CLAIM FOR STATE REIM  In is for the period beginning  month  ICATION:  The period beginning  month  ICATION:  District:  District:  #  District:  #  #  Per Day  4  4  4  4  4  4  4  4  4  4  4  4  4	February 1 to County Superintendent February 15 to State Superintendent  ETE THIS CLAIM FOR STATE REIMBURSEMEN  in is for the period beginning	First Semester February 1 to County Superintendent February 15 to State Superintendent  ETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCH In is for the period beginning	First Semester   February 1 to County Superintendent   May 10 to February 15 to State Superintendent   May 24 to ETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRAE   May 10 to May 24 to ETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRAE   May 10 to May 24 to ETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRAE   May 10 to May 24 to ETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRAE   May 10 to May 24 to ETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRAE   May 10 to May 24 to ETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRAE   May 10 to May 24 to ETE THIS CLAIM FOR SCHOOL BUS TRAE   May 10 to May 24 to ETE THIS CLAIM FOR SCHOOL BUS TRAE   May 10 to May 24 to ETE THIS CLAIM FOR SCHOOL BUS TRAE   May 10 to ETE THIS CLAIM FOR SCHOOL BUS TRAE   MAY 10 to ETE THIS CLAIM FOR SCHOOL BUS TRAE   MAY 10 to ETE THIS CLAIM FOR SCHOOL BUS TRAE   MAY 10 to ETE THIS CLAIM FOR SCHOOL BUS TRAE   MAY 10 to ETE THIS CLAIM FOR SCHOOL BUS TRAE   MAY 10 to ETE THIS CLAIM	First Semester   Second Semester   May 10 to County Superintendent   May 24 to State Superintendent   May 10 to County S

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Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501

**School District Claim for State Reimbursement for School Bus Transportation** 

State	
District	
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DUE
DATES

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DUE February 1 to County Superintendent February 15 to State Superintendent								•	o County	Semester Superintenden perintendent	nt
COMPL	ETE TH	IS CLAIM FO	OR STATE	REIME	BURSEMEN	T FOR SO	CHOOL BU	J <b>S TRA</b>	NSPORT	ATION:	
This clain	n is for the	period beginning	g		,	20 and	l ending			, 20	_•
			mont	th	day			n	nonth	day	
CERTIF	ICATIO	N:									
The infor	mation on	this form is comp	olete and accu	ırate to th	e best of my kn	owledge.					
Date			Signature, C	hair, Board	d of Trustees						
County:			District:							District Level:	
44 Rosel	bud		0791 Fo	orsyth l	H S					High School	
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspe	ection	Da Oper	•	Bus Driver's Social Security #
22	4	1		97.7	1.15	53	08/1	6/05			
29	4	2	1	104.8	1.57	72	08/1	6/05			
20	4	3		63.2	1.57	72	08/1	6/05			
24	4	4	1	121.2	1.57	72	08/1	6/05			
21	4	5		59.8	1.80	84	08/1	6/05			
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Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

			na, M	T 59620-25	01		School Bus T	ransportation	County	
DUE February 1 to County Superintendent DATES: February 15 to State Superintendent  COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR							Second Semester May 10 to County Superintendent May 24 to State Superintendent			
				IL KEIVII					20 .	
This clair	n is for the	period beginning		month	day	20 and er	0	onth da	·	
CERTIF	ICATIO	N:								
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.				
Date Signature, Chair, Board of Trustees										
County:			District	:				District Le	vel:	
44 Rosebud 0792 Lame Deer Elem							Elemer	ntary		
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
60	6	1		87.4	1.80	84	08/17/05			
60	6	2		124.6	1.80	84	08/17/05			
60	6	3		90	1.57	72	08/17/05			
60	6	4		124.4	1.57	78	08/17/05			

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08/17/05

08/17/05

08/17/05

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**School District Claim for State Reimbursement for School Bus Transportation** 

State	
District	
County	

<b>DUE</b>
DATES

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DUE DATES:		February 1 to	rst Semester County Superin o State Superint			Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPLI	ETE THI	IS CLAIM FOR	STATE REIMI	BURSEMEN	T FOR SCI	HOOL BUS TRA	NSPORTATION:		
This clain	n is for the	period beginning _		,	20 and e	nding	<b>,</b>	20	
			month	day		m	nonth da	ny	
CERTIF	ICATION	N:							
The infor	mation on t	this form is complet	e and accurate to th	e best of my kn	owledge.				
Date		S	ignature, Chair, Boar	d of Trustees					
County:		D	istrict:				District Le	vel:	
44 Rosebud 0794 Rosebud Elem						Elemen	ntary		
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
74	12	1 Cartersville	71.3	1.57	71	08/12/05			
78	12	2 Hathaway	64	0.95	22	08/27/05			
58	12	3 Rosebud	85.2	0.95	35	08/12/05			
'			•	•	-	•			

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**School District Claim for State Reimbursement for School Bus Transportation** 

State	
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County	

<b>DUE</b>
<b>DATES</b>

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DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent					Second Semester May 10 to County Superintendent May 24 to State Superintendent				t	
COMPLI	ETE THI	IS CLAIM FO	R STA	TE REIMB	URSEMEN	T FOR	SCH(	OOL BUS TRA	NSPORTATION	:	
This clain	n is for the	period beginning			<b>,</b>	20	and end	ing	,	20	•
			n	nonth	day			r	nonth d	lay	
CERTIFI	CATIO	N:									
The infor	mation on	this form is compl	ete and a	accurate to the	best of my kn	owledge.					
Date Signature, Chair, Board of Trustees											
County:			District:						District Lo	evel:	
44 Rosel	oud		0795	Rosebud	H S				High S	School	
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capa	city	Inspection	Days Operated	S	Bus Driver's ocial Security #
26	12	1 Cartersvil	lle	71.3	1.57	71	1	08/12/05			
22	12	2 Hathaway		64	0.95	22	2	08/27/05			
42	12	3 Rosebuc	i	85.2	0.95	35	5	08/12/05			
•	i.			<u> </u>							

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**School District Claim for State Reimbursement for School Bus Transportation** 

State	
District	
County	

<b>DUE</b>
DATES

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DUE DATES:		February 1 February 1	to Cou 5 to Sta	ate Superint	endent		May 24 to	Second Semeste County Superin	tendent ndent
COMPL	ETE TH	IS CLAIM FO	R STA	TE REIME	BURSEMEN	T FOR SCI	HOOL BUS TRAI	NSPORTATION:	1
This clair	m is for the	period beginning	,	month	day,	20 and e	8		20 ay
CERTIF	ICATIO	N:							
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.			
Date			Signatu	re, Chair, Board	d of Trustees				
County:			District	:				District Le	vel:
44 Rose	4 Rosebud 0796 Colstrip Elem							Elemen	ntary
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
68	19	1		61.3	1.36	65	08/19/05		
74	19	10		96.4	1.80	84	08/19/05		
75	19	11		72	1.80	84	08/19/05		
100	19	12		25	1.80	84	08/19/05		
90	19	3		22	1.80	84	08/19/05		
64	19	4		119.6	0.95	40	08/19/05		
93	19	5		22.9	1.80	84	08/19/05		
75	19	9		193.4	1.80	84	08/19/05		

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**School District Claim for State Reimbursement for School Bus Transportation** 

State	
District	
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<b>DUE</b>
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DUE DATES:		February 1	to Cor	Semester unty Superinate Superint			Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPL	ETE TH	IS CLAIM FO	OR STA	ATE REIME	BURSEMEN	T FOR SC	HOOL BUS TRA	NSPORTATION	•		
This clair	n is for the	period beginning	g		,	20 and e	and ending, 20				
				month	day		1	nonth d	ay		
CERTIF	ICATIO	N:									
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.					
Date			Signatu	ıre, Chair, Board	d of Trustees						
County:			District	t:				District Le	evel:		
44 Rosel	bud		0797	Colstrip	H S			High S	chool		
Percentage	District #	Route #	•	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #		
32	19	1		61.3	1.36	65	08/19/05				
26	19	10		96.4	1.80	84	08/19/05				
25	19	11		72	1.80	84	08/19/05				
10	19	3		22	1.80	84	08/19/05				
36	19	4		119.6	0.95	40	08/19/05				
7	19	5		22.9	1.80	84	08/19/05				
25	19	9		193.4	1.80	84	08/19/05				

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School District Claim for State Reimbursement for School Bus Transportation

DUE DATES:		I February 1 t February 15	to Cou	• •			Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPLI	ETE TH	IS CLAIM FO	R STA	TE REIME	BURSEMEN	T FOR	SCHO	OL BUS TRA	ANSPORTA	TION:	
This clain	n is for the	period beginning				20	and endi	ng		. 20	
				nonth	day			0	month	day	-
CERTIF	ICATIO	N:									
The infor	mation on	this form is compl	ete and	accurate to the	e best of my kn	owledge.					
Date			Signatu	re, Chair, Board	d of Trustees						
County:			District:						Г	istrict Level:	
44 Rosebud 0800 Ashland Elem Elementary											
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capa	city	Inspection	Day: Opera		Bus Driver's locial Security #
100	32J	1 Otter Creek		86.2	0.95	30	)	08/18/05			
100	32J	2 Tongue River		46.2	0.95	41	l	08/18/05		_	
100	32J	Otter Cree	k	89.8	0.95	30	)	08/18/05			

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**School District Claim for State Reimbursement for School Bus Transportation** 

State	
District	
County	

<b>DUE</b>
DATES

			,									
DUE DATES:		February 1 February 1	to Cou				Second Semester May 10 to County Superintendent May 24 to State Superintendent					
COMPL	ETE TH	IS CLAIM FO	R STA	TE REIME	BURSEMEN	T FOR SO	CHOOL BUS TR	RANSPORT	TATION	<b>i:</b>		
This clair	n is for the	period beginning	,	month	day,	20 and	ending	month		, 20 lay		
CERTIF	ICATIO	N:										
		this form is comp	lete and	accurate to the	e best of my kn	owledge.						
Date			Signatu	re, Chair, Board	d of Trustees							
County:			District						District L	evel:		
44 Rosel	bud		1230	Lame De	er H S				High S	School		
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection		ays rated		Bus Driver's cial Security #	
40	6	1		87.4	1.80	84	08/17/05					
40	6	2		124.6	1.80	84	08/17/05	<u>-</u>				
40	6	3		90	1.57	72	08/17/05	·				
40	6	4		124.4	1.57	78	08/17/05					
40	6	5		10	0.95	24	08/17/05					
40	6	6		20	0.95	24	08/17/05					
60	6	7		31.6	1 57	72	08/17/05					